

San Pablo United Youth Soccer Club Soccer Registration Form- Winter/Summer League

Complete one form per team

COACH'S NAME _____

TEAM NAME _____

ADDRESS _____

CITY _____ ZIP _____

EMAIL ADDRESS _____

DAYTIME PHONE _____ EVENING PHONE _____

PLEASE NOTE: FEES MUST BE PAID IN FULL BY THE REGISTRATION DEADLINE. (SEE FLYER) -ALL LEAGUE/TOURNAMENT PARTICIPANTS MUST SHOW PROOF OF AGE PRIOR TO PARTICIPATION.

COACH'S/MANAGER'S SIGNATURE: _____ DATE: _____

TEAM MANAGER NAME _____ PHONE: _____

ADDRESS _____

TEAM MOM NAME _____ PHONE: _____

ADDRESS _____

Please check one: BOYS ___ GIRLS ___ CLASS II III REC. (PLEASE CIRCLE)

PAYMENT INFORMATION	DIVISION	WINTER	SUMMER
CASH <input type="radio"/> Check <input type="radio"/>	U6/U7		
Check #	U8		
Amount Due:	U10		
Paid Amount:	U12		
Balance Due	U14		
	U16		
	U19		

I acknowledge the dates of the program I am signing up for and confirm that my team and I are able to play on all the dates listed for the program I am registering for. I understand that any dates I cannot make **will be a forfeit** and I will not be able to reschedule those games. I am aware that there will be a Coaches Meeting for Winter and Summer programs and that I am required to be at the meeting or have a team representative present. **As a coach, I am responsible for the behavior of my team players, parents, families, and friends. There is a ZERO TOLERANCE IN WINTER AND SUMMER LEAGUE PROGRAMS AND ONE OFFENSE(rules provided) WILL BE THE CAUSE TO HAVE MY TEAM REMOVED FROM THE PROGRAM WITH NO REFUNDS, EXCHANGES, RETURNS, OR TRANSFERABLE FEES.**

Coch's/Manager's Signature: _____ Date: _____

PLEASE MAKE CHECKS PAYABLE TO: SPUYSC